



Incident Report

Print Date/Time: 07/19/2016 08:18

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00013993

Incident Date/Time: 7/18/2016 4:27:29 PM
Location: SR 9 NE / MARKET PL
LAKE STEVENS WA 98258
Phone Number: (206) 234-6216
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19D3	SS0134-Lyons
19S15	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	- WITNESS, KIM SWANIGAN		(425) 512-1560			
1	Involved Party	ROBINSON, LAURENCE TODD	11014 CARMICHAEL LN Anacortes WA 982214352			Male	03/20/1962

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						079XQU	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

07/18/2016 : 17:22:19 SP0401 Narrative: TOW OS

07/18/2016 : 17:11:17 SP0333 Narrative: NEG ON SHOULDER DRIVING

07/18/2016 : 17:10:15 SP0200 Narrative: DICKS TOWING CALLED, REQ AN OFFICER CALL THEM BACK AND GIVE THEM PERMISSION TO DRIVE ON THE SHOULDER WITH LIGHTS, THEY ARE STUCK IN TRAFFIC, 425-252-4004

07/18/2016 : 16:45:54 SP0401 Narrative: DICKS TOW ER

07/18/2016 : 16:38:57 SP0401 Narrative: TOW FRONT END, 4 ROUND

07/18/2016 : 16:33:59 SP0325 Narrative: 3 GRN

07/18/2016 : 16:32:31 SP0325 Narrative: SHUTTING DOWN NB SR 9

07/18/2016 : 16:32:18 SP0325 Narrative: 2 VEHS MINOR REAR END DMG INV FOR INJ

07/18/2016 : 16:30:43 SP0153 Narrative: **MAY BE TWO DIFF ACC'S, MY CALLER SAYS AT VERNON/LUNDEEN BUT AN OFCR IS THERE, THIS CALLER SAYS RED MUSTANG VS. BLK SUV

07/18/2016 : 16:29:22 SP0153 Narrative: MY CALLER IS LERBACK, AUSTIN AT PH 425.760.3672

07/18/2016 : 16:29:02 sp0355 Narrative: ALL SUBJS OUT OF VEHICLES WALKING AROUND, SIL SUV VS BRO FORD

07/18/2016 : 16:29:02 SP0348 Narrative: IS A LITTLE BIT S/O MARKET PL

07/18/2016 : 16:28:58 SP0153 Narrative: OTHER VEH RED MUSTANG

07/18/2016 : 16:28:43 SP0348 Narrative: BLKING NB , GRY FORD FOCUS VS UNK OTHER

07/18/2016 : 16:28:08 SP0348 Narrative: UNK INJ



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 206-13993VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>LAURENCE T. ROBINSON</u>	RACE	ETHNICITY	SEX <u>M</u>	D.O.B. <u>3-20-62</u>	AGE <u>54</u>	HGT <u>67</u>	WGT <u>240</u>	HAIR <u>P</u>	EYES <u>G</u>
STREET ADDRESS <u>11014 CARMICHAEL LANE</u>			CITY <u>ANACORTES</u>		STATE <u>WA</u>		ZIP <u>98021</u>		
HOME PHONE <u>360-299-0466</u>		CELL PHONE			WORK PHONE <u>360-661-4550</u>				
EMAIL ADDRESS (OPTIONAL) <u>todd@robcofrontier.com</u>					PLACE OF EMPLOYMENT <u>JPT INC</u>				

STATEMENT:

Approx 1625 HRS ON 7/18/2016 VEHICLE N. BOUND ON 300 BLOCK SR 9. VEHICLE STOPPED FOR RED TRAFFIC LIGHT TOYOTA HIGH LINDER STRUCK FROM BEHIND AND WAS FORCED INTO ONCOMING TRAFFIC. NO OTHER VEHICLES AFFECTED

SEAN
1/25/2002

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

SKILROY / 32

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

8/15/2005

[illegible]

Doc. 447 - Indiv.

554 W 25th Street

Small black and white photo of a person's face, possibly a woman, looking slightly to the side.

074-00162

det. 2000-0000

24. 77

was left off document

Handwritten notes at the bottom of the page:

Handwritten notes at the bottom of the page:

307 (240) 250 H-917 F-20-12-100 11

SECRET

03/05/2014 14:25:00 [14/03/2014 14:25:00]

65-57742-20501

50-15160

1000

249

10

100

CHECK ALL THAT APPLY:		UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD		CASE / EVIDENCE NUMBER 2016-00013993	
<input checked="" type="checkbox"/> NON-IMPOUND/TOW <input type="checkbox"/> AAA or OTHER ROADSIDE ASSISTANCE <input type="checkbox"/> EVIDENCE <input type="checkbox"/> SEIZED UNDER RCW 69.50.505 <input type="checkbox"/> IMPOUND ONLY <input type="checkbox"/> CIVIL IMPOUND WITH 12 HOUR HOLD <input type="checkbox"/> CIVIL IMPOUND WITH ___ DAY HOLD <input type="checkbox"/> INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER <input type="checkbox"/> REGISTERED OWNER MAY REDEEM <input type="checkbox"/> CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD <input type="checkbox"/> CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND		VEHICLE INFORMATION			
VIN 1 F A F P 3 4 N 6 7 W 3 0 2 1 4 4					
LICENSE 079XQU		STATE WASHINGTON	YEAR 2007	MAKE FORD	MODEL FOC4D
<input type="checkbox"/> Report of Sale		MILEAGE UNREADABLE	<input type="checkbox"/> Digital	STYLE SEDAN 4 DR	COLOR GRAY
DRIVER		REGISTERED OWNER		LEGAL OWNER	
NAME (LAST, FIRST, MI) YAZZOLINO, JENNA R		NAME (LAST, FIRST, MI) BOCK, DARRELL		NAME (LAST, FIRST, MI)	
STREET ADDRESS 3326 ALYSON DR		STREET ADDRESS 3326 ALYSON DR		STREET ADDRESS	
CITY, STATE, ZIP CODE GRANITE FALLS, WA 982529357		CITY, STATE, ZIP CODE GRANITE FALLS, WA 98252		CITY, STATE, ZIP CODE	
PHONE (425)418-5856	DOB 3/26/1999	PHONE		PHONE	
AUTHORIZATION AND RECEIPT					
ON 7/13/2016 AT 12:52 (DATE) (TIME) PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS					
IN THE DESCRIBED VEHICLE, I AUTHORIZED DICKS TOWING (TOWING FIRM) 5136-049 (DOL TRUCK NO.)					
DRIVEN BY WOODY (DRIVER'S PRINTED FIRST AND LAST NAME) TO REMOVE THIS VEHICLE FROM 300 SR 9 SE/4TH ST SE (LOCATION)					
EQUIPMENT		DAMAGE		EVIDENCE (DRIVER'S SIDE)	
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> FRONT SHADE DAMAGED AREA <input checked="" type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER			
INVENTORY		NARRATIVE OR DIAGRAM (List reason(s) for impound)			
		Collision tow			
<input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.					
<input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE. <input type="checkbox"/> THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.					

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

J. Kilroy #0132

SNOHOMISH, WA

#0132

Lake Stevens PD

COUNTY, WA

BADGE NO

AGENCY

COLLISION REPORT 16-00013993, 071816

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E564585**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL
RESERVATIONCASE # **2016-00013993**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	07	-	18	-	2016		1628	31			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR 9 SE	BLOCK NO. <input checked="" type="checkbox"/>	300
	MILE POST <input type="checkbox"/>	

DISTANCE	200	00	MILES	<input checked="" type="checkbox"/>	N	E	OF (REFERENCE OR CROSS STREET)	4TH ST SE
			FEET	<input checked="" type="checkbox"/>	S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4254185856
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LAST NAME	YAZZOLINO	FIRST NAME	JENNA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	3326 ALYSON DR
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CITY	GRANITE FALLS	ST	WA	ZIP	982529357
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	YAZZOJR014D6	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03	-	26	-	1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	079XQU	STATE	WA	VIN#	1FAFP34N67W302144
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	FORD	MODEL	FOC4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **DARRELL BOCK 3326 ALYSON DR GRANITE FALLS WA 98252**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # FARMERS INSURANCE 188001089
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	ROBINSON	FIRST NAME	LAURENCE	MIDDLE INITIAL	T
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STREET NEW ADDRESS	11014 CARMICHAEL LN
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CITY	ANACORTES	ST	WA	ZIP	982214352
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	ROBINLT382D0	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	-	20	-	1962
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ASX8364	STATE	WA	VIN#	5TDDKRFH1FS120540
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2015	MAKE	TOYT	MODEL	HIGHLAN	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **LAURENCE ROBINSON 11014 CARMICHAEL LN ANACORTES WA 98221**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # UNITED SERVICES AUTOMOBILE 003293415U
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E564585**CASE # **2016-00013993**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		ROBINSON SEAN																		
ADDRESS & PHONE # 11014 CARMICHAEL LANE ANACORTES WA 98221														SEX M	D.O.B. MMDDYYYY 01	-	25	-	2002	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

Unit 1 was traveling north on SR 9 SE in the 300 block. Unit 2 was traveling north on SR 9 SE in the 300 block slowing down due to traffic. Unit 1 did not slow down in time and hit unit 2.

There were no injuries and unit 1 was towed from the scene.

Unit 1 was at fault due to exceeding safe and reasonable speed.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
07-18-16 05:35 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

7/18/2016 6:31:26 PM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	4:30 PM	TIME POLICE ARRIVED	4:33 PM
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REPORT NO. E564585

CASE # 2016-00013993

DATE AND TIME
OF COLLISION 07/18/16 16:28

